

**ALLIANCE CITY HEALTH DEPARTMENT**

**NUISANCE COMPLAINT FORM**

COMPLAINT # \_\_\_\_\_

SANITARIAN \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION OF NUISANCE \_\_\_\_\_

NATURE OF NUISANCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF OFFENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

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SPACE BELOW FOR HEALTH DEPARTMENT ONLY

INVESTIGATION AND ACTION

DATE \_\_\_\_\_

FINDINGS \_\_\_\_\_

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SANITARIAN \_\_\_\_\_